

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90204 047 \*\*\*\*50.00

**DOCUMENT # L06000084136**

1. Entity Name  
**RC & ASSOCIATES, LLC**



Principal Place of Business  
**8940 S.W. 59TH ST  
MIAMI, FL 33173**

Mailing Address  
**8940 S.W. 59TH ST  
MIAMI, FL 33173**

**60029754**



2. Principal Place of Business - No P.O. Box #

(3) Mailing Address  
**8770 SUNSET DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**# 100**

City & State

City & State  
**Miami**

Zip

Country

Zip  
**FL**

Country

**33173**

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**16-1771733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COBO, RUTH  
8940 S.W. 59TH ST  
MIAMI, FL 33173**

7. Name and Address of New Registered Agent

Name  
**COBO RUTH**

Street Address (P.O. Box Number is Not Acceptable)

**8770 SUNSET DRIVE, # 100**

City

**Miami**

FL

Zip Code

**33173**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/16/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
COBO, RUTH  
8940 S.W. 59TH ST  
MIAMI, FL 33173** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
COBO, RALPH  
8940 S.W. 59TH ST  
MIAMI, FL 33173** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Ruth Cobo**

**3/16/07 (782) 301-2161**